

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517549

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51		/				
2	/	/					52		/				
3	/	/					53		/				
4	/	/					54		/				
5	/	/					55		/				
6	/	/					56		/				
7	/	/					57		/				
8	/	/					58	/	/				
9	/	/					59		/				
10	/	/					60		/				
11	/	/					61	/	/				
12	/	/					62		/				
13	/	/					63		/				
14	/	/					64		/				
15	/	/					65		/				
16	/	/					66		/				
17	/	/					67		/				
18	/	/					68		/				
19	/	/					69		/				
20	/	/					70	/	/				
21	/	/					71		/				
22	/	/					72		/				
23	/	/					73		/				
24	/	/					74		/				
25	/	/					75		/				
26	/	/					76		/				
27	/	/					77		/				
28	/	/					78		/				
29	/	/					79		/				
30	/	/					80		/				
31	/	/					81	/	/				
32	/	/					82		/				
33	/	/					83		/				
34	/	/					84	/	/				
35	/	/					85		/				
36	/	/					86		/				
37	/	/					87		/				
38	/	/					88		/				
39	/	/					89		/				
40	/	/					90		/				
41	/	/					91		/				
42	/	/					92		/				
43	/	/					93		/				
44	/	/					94		/				
45	/	/					95		/				
46	/	/					96		/				
47	/	/					97		/				
48	/	/					98		/				
49	/	/					99		/				
50	/	/					100		/				
TOTAL IND.	↓		↓		↓		TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	←		←		←		TOTAL DEP.	40	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	46					